

Title 15 - Mississippi Department of Health

Part III – Office of Health Protection

Subpart 01 – Health Facilities Licensure and Certification

CHAPTER 01 MINIMUM STANDARDS OF OPERATION FOR HOSPICE

PART I GENERAL

Every Hospice located inside the boundaries of a municipality shall comply with all local municipal codes and ordinances applicable thereto. In addition, each hospice shall comply with all applicable federal laws and state laws under the Mississippi Code Annotated (41-85-1) through (41-85-25).

100 LEGAL AUTHORITY

100.01 **Adoption of Rules, Regulations, and Minimum Standards** - By virtue of authority vested in it by the Legislature of the State of Mississippi as per House Bill #379 enacted by the Regular 1995 Session of the Legislature of the State of Mississippi, the Mississippi State Department of Health does hereby adopt and promulgate the following Minimum Standards of Operation for Hospice.

100.02 **Effective date of Rules, Regulations, and Minimum Standards for Hospice** - The Mississippi State Department of Health does hereby adopt these Minimum Standards of Operation for Hospice Services. These Minimum Standards of Operation are effective as of August 21, 1995. Any hospice agency which is in operation on July 1, 1995, shall be given a reasonable time under the particular circumstances, not to exceed one (1) year from July 1, 1995, within which to comply with these Minimum Standards of Operation for Mississippi Hospices.

100.03 **Fire Safety** - No freestanding hospice may be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire.

101 DEFINITIONS

Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

101.01 **Administrator** means the person who is responsible for the management of the overall operation of the hospice;

- 101.02 **Attending** Physician means the physician who is responsible for medical care of the hospice patient;
- 101.03 **Autonomous** means a separate and distinct operational entity which functions under its own administration and bylaws, either within or independently of a parent organization.
- 101.04 **Bed Capacity** means the largest number which can be installed or set up in the freestanding hospice at any given time for use of patients. The bed capacity shall be based upon space designed and/or specifically intended for such use whether or not the beds are actually installed or set up.
- 101.05 **Bed Count** means the number of beds that are actually installed or set for patients in freestanding hospice at a given time.
- 101.06 **Bereavement** Services means the supportive services provided to the family unit to assist it in coping with the patient's death, including follow-up assessment and assistance through the first year after death.
- 101.07 **Alternative Office Site** means a location or site from which a hospice agency provides services within a portion of the total geographic area served by the parent agency. The alternate site is part of the hospice agency and is located sufficiently close to share administration, supervision and services in a manner that renders it unnecessary to obtain a separate license as a hospice agency. An alternate site shall be staffed with at least one (1) registered nurse on a full-time basis.
- 101.08 **Change of Ownership** means but is not limited to, intervivos gifts, purchases transfers, leases, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (fifty percent (50%) or more) of the facility or service. Changes of ownership from partnerships, single proprietorships or corporations to another form of ownership are specifically included. Provided, however, "Change of Ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi. The change of IRS exemption status also constitutes a change of ownership.
- 101.09 **Member of Clergy** means an individual representative of a specific spiritual belief who is qualified by education received through accredited academic or theological institutions, and/or experience thereof, to provide counseling and who serves as a consultant for and/or core member of the hospice care team;
- 101.10 **Clinical/Medical Record** means a legal document containing all pertinent information relating to the care of an individual patient.

101.11 **Core Services** means those services directly provided by the hospice agency to include nursing services, medical social work services, physician services and pastoral or counseling services.

101.12 **Counselor** means an individual who has at least a bachelor's degree in psychology, a master's or bachelor's degree from a school of social work accredited by the Council on Social Work Education, a bachelor's degree in counseling or is a Certified Pastoral Counselor, or the documented equivalent of any of the above in education, training, and/or experience, and who is currently licensed in the state of Mississippi, if applicable.

101.13 **Criminal History Record Checks.**

1. **Affidavit.** For the purpose of fingerprinting and criminal background history checks, the term “affidavit” means the use of Mississippi Department of Health (MDH) Form #210, or a copy thereof, which shall be placed in the individual’s personal file.

2. **Employee.** For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a **covered entity**. The term “employee” also includes any individual who by contract with the **covered entity** provides patient care in a patient’s, resident’s, or client’s room or in treatment rooms.

The term employee does not include healthcare professional/technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

- a. The student is under the supervision of a licensed healthcare provider; and
- b. The student has signed the affidavit that is on file at the student’s school stating that he or she has not been convicted of or plead guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

c. Further, applicants and employees of the University of Mississippi Medical Center for whom criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from application of the term employee under Section 43-11-13.

3. **Covered Entity.** For the purpose of criminal history record checks, “covered entity” means a licensed entity or a healthcare professional staffing agency.

4. **Licensed Entity.** For the purpose of criminal history record checks, the term “licensed entity” means a hospital, nursing home, personal care home, home health agency or hospice.

5. **Health Care Professional/Vocational Technical Academic Program.** For the purpose of criminal history record checks, “health care professional/vocational technical academic program” means an academic program in medicine, nursing, dentistry, occupational therapy, physical therapy, social services, speech therapy, or other allied-health professional whose purpose is to prepare professionals to render patient care services.

6. **Health Care Professional/Vocational Technical Student.** For purposes of criminal history record checks, the term means a student enrolled in a healthcare professional/vocational technical academic program.

7. **Direct Patient Care or Services.** For the purposes of fingerprinting and criminal background history checks, the term “direct patient care” means direct hands-on medical patient care and services provided by an individual in a patient, resident or client(s) room, treatment room or recovery room. Individuals providing direct patient care may be directly employed by the facility or provides patient care on a contractual basis.

8. **Documented disciplinary action.** For the purpose of fingerprinting and criminal background history checks, the term “documented disciplinary action” means any action taken against an employee for alleged abuse or neglect of a patient.

101.14 **Department** means the Mississippi Department of Health.

101.15 **Dietitian** means a person who is registered by the Commission on Dietetic Registration of the American Dietetic Association or who has the documented equivalent in education, training and/or experience.

- 150 101.16 **Family Unit** means the terminally ill person and his or her family, which
 151 may include spouse, children, siblings, parents, and others with
 152 significant personal ties to the patient.
- 153 101.17 **Freestanding** Hospice means a hospice that is not a part of any other
 154 type of health care provider.
- 155 101.18 **Governing Body** means the board of directors, trustees, partnership,
 156 association, or person or group of persons who maintain and control the
 157 operation of the hospice and who are legally responsible for its
 158 operation.
- 159 101.19 **Home Care** means care delivery in the residence of the hospice patient,
 160 whether that place be his/her permanent or temporary residence.
- 161 101.20 **Hospice** means an autonomous, centrally administered, nonprofit or
 162 profit medically directed, nurse-coordinated program providing a
 163 continuum of home, outpatient and homelike inpatient care for not less
 164 than four (4) terminally ill patients and their families. It employs a
 165 hospice care team to assist in providing palliative and supportive care to
 166 meet the special needs arising out of the physical, emotional, spiritual,
 167 social and economic stresses which are experienced during the final
 168 stages of illness and during dying and bereavement. This care is
 169 available twenty-four (24) hours a day, seven (7) days a week, and is
 170 provided on the basis of need regardless of inability to pay.
- 171 101.21 **Hospice Care Team** means an interdisciplinary team which is a working
 172 unit composed by the integration of the various helping professions and
 173 lay persons providing hospice care. Such team shall, as a minimum,
 174 consist of a licensed physician, a registered nurse, a social worker, a
 175 member of the clergy or a counselor and volunteers.
- 176 101.22 **Hospice Services** shall mean items and services furnished to an
 177 individual by a hospice or by others under arrangements with such a
 178 hospice program.
- 179 101.23 **Home Health Aide** means individual who is currently qualified in the
 180 state of Mississippi to provide personal care services to hospice patients
 181 under the direction of a registered nurse of the hospice.
- 182 101.24 **Inpatient Care** means 24 hour care within the confines of a licensed
 183 hospital, nursing home, or freestanding hospice.
- 184 101.25 **Inpatient Continue Care** means care provided directly by the hospice
 185 24 hours a day in a facility which is considered the patient's residence.
- 186 101.26 **License** means authorization granted by the Mississippi State
 187 Department of Health to the governing body to operate a hospice.

- 188 101.27 **Licensing Agency** means the Mississippi Department of Health.
- 189 101.28 **Medically Directed** means that the delivery of medical care is directed
190 by a licensed physician who is employed by the hospice for the purpose
191 of providing ongoing palliative care as a participating caregiver on the
192 hospice care team.
- 193 101.29 **Nurse Practitioner** shall mean an individual who is currently licensed as
194 such in the State of Mississippi and is performing duties in accordance
195 with the Mississippi Nurse Practice Act.
- 196 101.30 **Occupational Therapist** means a person registered with the American
197 Occupational Therapy Association.
- 198 101.31 **Outpatient Care** means any care rendered or coordinated by the hospice
199 care team that is not "home care" or "inpatient care."
- 200 101.32 **Palliative Care** means the reduction or abatement of pain and other
201 troubling symptoms by appropriate coordination of all elements of the
202 hospice care team needed to achieve needed relief of distress.
- 203 101.33 **Patient** shall mean the terminally ill individual receiving hospice
204 services.
- 205 101.34 **Person** means an individual, a trust or estate, partnership, corporation,
206 association, the state, or a political subdivision or agency of the state.
- 207 101.35 **Physical Therapist** means an individual who is currently licensed to
208 practice physical therapy in the State of Mississippi.
- 209 101.36 **Physician** means an individual currently licensed by the proper authority
210 in his state to practice medicine or osteopathy.
- 211 101.37 **Primary Care person** means a person designated by the patient who
212 agrees to give continuing support and/or care.
- 213 101.38 **Registered Nurse** shall mean an individual who is currently licensed as
214 such in the State of Mississippi and is performing nursing duties in
215 accordance with the Mississippi Nurse Practice Act.
- 216 101.39 **Respite Care** means care provided for the patient to provide relief for
217 the family from the stress of providing care at home.
- 218 101.40 **Social Worker** means an individual who has a degree from a school of
219 social work accredited by the Council on Social Work Education and is
220 licensed if applicable.

101.41 **Speech Pathologist** shall mean an individual who meets the educational and experience requirements for a Certificate of Clinical Competence granted by the American Speech and Hearing Association and is currently licensed as a speech and language pathologist in the State of Mississippi.

101.42 **Terminally Ill** refers to a medical prognosis of limited expected survival, of ~~one (1) year~~ **six (6) months** or less at the time of referral to a hospice, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone outside the context of symptom control are no longer appropriate.

101.43 **Volunteer** means a trained individual who provides support and assistance to the patient and family without remuneration, in accord with the plan of care developed by the hospice core team, and under the supervision of a member of the hospice staff appointed by the governing body or its designee.

101.44 **Director of Volunteers** means a person who directs the volunteer program in accordance with the acceptable standards of hospice practice.

102 **PROCEDURE GOVERNING ADOPTION AND AMENDMENT**

102.01 **Authority** - The Mississippi State Department of Health shall have the power to adopt, amend, promulgate and enforce such minimum standards of operation as it deems appropriate, within the law.

102.02 **Amendments** - The minimum standards of operation for hospice may be amended by the Mississippi State Department of Health from time to time as necessary to promote the health, safety, and welfare of persons receiving services.

PART II CLASSIFICATION OF HOSPICE

103 CLASSIFICATION

103.01 For the purpose of these rules, regulations, and minimum standards, hospice shall be classified as:

1. Freestanding Hospice
2. Hospital Hospice
3. Nursing Home Hospice
4. Home Health Agency Hospice

103.02 **Hospice Core Service**

To be classified as a Hospice these core services shall be provided but need not be limited to the following:

1. Physician Service
2. Nursing Service
3. Medical Social Service
4. Pastoral/Counseling Services

103.03 **Inpatient Continue Care**

To be classified as an Inpatient Continue Care Hospice that provides inpatient care, the core services (physician, nursing, medical social and counseling) shall be provided on the premises. Inpatient Continue Care Hospice must have a registered nurse on duty seven days a week, twenty-four hours a day to provide direct patient care. Other members and types of personnel sufficient to meet the total needs of the patient shall be provided.

PART III THE LICENSE

104 TYPES OF LICENSES

104.01 **Regular License** - A license shall be issued to each hospice that meets the requirements as set forth in these regulations. The license shall show the classification Home Health, Hospital, Nursing Home, Freestanding) and the type of building in which it is operated.

104.02 **Provisional License** - Within its discretion, the Mississippi State Department of Health may issue a provisional license when a temporary condition of non-compliance with these regulations exists in one or more particulars. A provisional license shall be issued only if the Department of Health is satisfied that preparations are being made to qualify for a regular license and that the health and safety of patients will not be endangered meanwhile. One condition on which a provisional license may be issued is as follows: A new Hospice Agency may be issued a provisional license prior to opening and subsequent to meeting the required minimum staffing personnel. The license issued under this condition shall be valid until the issuance of a regular license or June 30 following date of issuance whichever may be sooner. A provisional license may be reissued only if it is satisfactorily proven to the Department of Health that efforts are being made to fully comply with these regulations by a specified time.

A hospice program against which a revocation or suspension proceeding is pending at the time of license renewal may be issued a conditional license effective until final disposition by the department of such proceeding. If judicial relief is sought from the final disposition, the court having jurisdiction may issue a conditional permit for the duration of the judicial proceeding.

105 APPLICATION FOR LICENSE

105.01 A hospice shall not be operated in Mississippi without a valid license.

105.02 Any person or organization desiring to operate a hospice shall file with the State Department of Health an application on a form prescribed and furnished by the Department of Health.

105.03 The application shall include complete information concerning the name and address of the applicant; the ownership of the hospice; if organized as a corporation, the names and addresses of each officer and director of the corporation; if organized as a partnership, the names and addresses of each partner; membership of the governing body; the identities of the medical director and administrator; and any other relevant information which the Mississippi State Department of Health may require.

- 105.04 Ownership of the hospice shall be fully disclosed in the application. This disclosure shall include the names and addresses of all corporate officers and any person(s) having a five percent (5%) or more financial interest.
- 105.05 A license shall be issued to the person(s) named only for the premises listed on the application for licensure. Separate applications and licenses are required for hospices maintained separately, even if they are owned or operated by the same person(s), business or corporation, and may be doing business under the same trade name.
- 105.06 Licenses are not transferable or assignable.
- 105.07 Each planned change of ownership or lease shall be reported to the Department at least sixty (60) days prior to such change along with an application from the proposed new owners/lessees for a new license.
- 105.08 The application is considered a continuing application. A written amendment to the current application shall be filed when there is a change in any of the information reported in the application.
- 105.09 **Fee** - \$100 annually.
- 105.10 **Name of Institution** - Every hospice shall be designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changed without first notifying the licensing agency in writing and receiving written approval of the change from the licensing agency. Such notice shall specify the name to be discontinued as well as the new name proposed. Only the official name by which the institution is licensed shall be used in telephone listing, on stationery, in advertising, etc. Two or more facilities shall not be licensed under similar names in the same vicinity.
- 105.11 **Number of Beds** - Each application for license shall specify the maximum number of inpatient beds in the hospice as determined by these regulations. The maximum number of inpatient beds for which the facility is licensed shall not be exceeded.
- 105.12 A hospice must be physically located within the State of Mississippi. A license for a hospice program shall not be issued if the hospice is to be located in an area in violation of any local zoning ordinances or regulations.

106 LICENSES

- 106.01 Following inspection and evidence of compliance with these regulations, the Mississippi State Department of Health may issue a license. Only licensed hospices shall be authorized to use the name "hospice."

106.02 A license issued for the operation of a hospice program unless sooner suspended or revoked, shall expire automatically one (1) year from the date of issuance. Sixty (60) days prior to the expiration date, an application for renewal shall be submitted to the department on forms furnished by the department; and the license shall be renewed if the applicant has first met the requirements established under this act and all rules promulgated hereunder and has provided the information described in subsection (1) in addition to the application. However, the application for license renewal shall be accompanied by an update of the plan for delivery of hospice care only if information contained in the plan submitted pursuant to subsection (2) is no longer applicable.

106.03 A license shall be displayed in a prominent place in the hospice's administrative offices.

107 INSPECTIONS

1. Observation and examination of the hospice operation shall be available at all reasonable hours to properly identified representatives of the Department.
2. The Department prior to licensure and periodically, at least annually, thereafter shall inspect each hospice to ensure that the licensee is providing quality care to its patients.
3. Hospice inspections shall include personal contacts with recipients of the hospice service.

108 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

108.01 **Denial or Revocation of License: Hearings and Review** - The licensing agency after notice and opportunity for a hearing to the applicant or licensee is authorized to deny, suspend, or revoke a license in any core in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license:

1. Fraud on the part of the licensee in applying for license.
2. Willful or repeated violations by the licensee of any of the provisions of (Sections 43-11-1 et seq., of the Mississippi Code of 1972), as amended, and/or of the rules, regulations, and minimum standards established by the Department of Health.
3. Addiction to narcotic drug(s) by the licensee or other employees or personnel of the hospice.

4. Excessive use of alcoholic beverages by the licensee or other personnel of the hospice to the extent which threatens the well-being or safety of the patient or resident.
5. Conviction of the licensee of a felony.
6. Publicly misrepresenting the hospice and/or its services.
7. Permitting, aiding, abetting the commission of any unlawful act.
8. Conduct or practices detrimental to the health or safety of patients or residents and employees of said institutions provided that this provision shall not be construed to have any reference to healing practices authorized by law. Detrimental practices include but are not necessarily limited to:
 - a. Cruelty to patient or resident or indifference to their needs which are essential to their general well-being and health.
 - b. Misappropriation of the money or property of a patient or resident.
 - c. Failure to provide food adequate for the needs of the patient or resident, when residing in an inpatient facility.
 - d. Inadequate staff to provide safe care and supervision of patient or resident.
 - e. Failure to call a physician when required by patient's or resident's condition.
 - f. Failure to notify next of kin or designated individual when patient's or resident's conditions become critical.
 - g. Failure to provide appropriate level of care.
 - h. If, three (3) months after the date of obtaining a license, or at any time thereafter, a hospice does not have in operation the home-care component of hospice care, the department shall immediately revoke the license or such hospice.
 - i. If, twelve (12) months after the date of obtaining a license, or at any time thereafter, a hospice does not have in operation the outpatient and homelike inpatient components of hospice, care, the department shall immediately revoke the license of such hospice.

109 **PROVISION OF HEARING AND APPEAL FOLLOWING DENIAL OR
REVOCATION OF LICENSE; PENALTIES**

109.01 **Administrative Decision** - The Mississippi State Department of Health will provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in the denial or revocation of license.

1. The licensing agency shall notify the applicant or licensee by registered mail or personal service the particular reasons for the proposed denial or revocation of license. Upon written request of applicant or licensee within ten (10) days of the date of notification the licensing agency shall fix a date not less than thirty (30) days from the date of such service at which time the applicant or licensee shall be given an opportunity for a prompt and fair hearing.
2. On the basis of such hearing or upon default of the applicant or licensee, the licensing agency shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered mail to the last known address of the applicant or licensee or served personally upon the applicant or licensee.
3. The decision revoking, suspending, or denying the application or license shall become final thirty (30) days after it is so mailed or served unless the applicant or licensee, within such thirty (30) day period, appeals the decision to the Chancery Court pursuant to Section 12 (6964-12), Chapter 384, Laws 1952. An additional period of time may be granted at the discretion of the licensing agency.

109.02 **Penalties** - Any person establishing, conducting, managing, or operating a hospice without a license shall be declared in violations of these regulations and Laws of Mississippi.

110 **TERMINATION OF OPERATION**

110.01 **General** - In the event that a Hospice ceases operation, voluntarily or otherwise, the agency shall:

1. Inform the attending physician, patient, and persons responsible for the patient's care in ample time to provide for alternate methods of care.
2. Provide the receiving facility or agency with a complete copy of the clinical record.

- 454 3. Inform the community through public announcement of the
455 termination.
- 456 4. Ensure the safekeeping, confidentiality, and storage of all clinical
457 records for a period of five (5) years, following discharge.
- 458 5. Return the license to the licensing agency.

DRAFT

PART IV ADMINISTRATION

111 ADMINISTRATION

111.01 **Governing Body** - A hospice shall have a governing body that assumes full legal responsibility for compliance with these regulations and for setting policy, appointing persons to carry out such policies, and monitoring the hospice's total operation.

111.02 **Medical Director**

1. Each hospice shall have a medical director, who, on the basis of training, experience and interest, shall be knowledgeable about the psychosocial and medical aspects of hospice care.
2. The medical director shall be appointed by the governing body or its designee.
3. The duties of the medical director shall include, but not be limited to:
 - a. Consultation with attending physicians, as requested, regarding pain and symptom management;
 - b. Determination of patient medical eligibility for hospice services in accordance with hospice program policy;
 - c. Acting as a medical resource to the hospice care team;
 - d. Coordination of efforts with each attending physician to provide care in the event that the attending physician is unable to retain responsibility for patient care; and
 - e. Acting as a medical liaison with physicians in the community.

111.03 **Administrator** - A person shall be designated by the governing body or its designee to be responsible for the management of the hospice program in matters of overall operation. This person may be a member of the hospice care team.

111.04 **Personnel** - A separate personnel folder shall be maintained on each employee. This personnel file shall contain all pertinent information concerning the employee, including application, qualifications, evidence of professional licensure if applicable, job description, and, on an annual basis, a physician's statement that the employee who has direct contact with patients and/or family members is free from communicable disease.

492 111.05 **Advertising** - If a hospice advertises its services, such advertisement
493 shall be factual and not contain any element which might be considered
494 coercive or misleading. Any written advertising describing services
495 offered by the hospice shall contain notification that services are
496 available regardless of ability to pay.

497 111.06 **Annual Budget** -

- 498 1. The annual budget shall include income plus expenses related to
499 overall cost of the program.
- 500 2. The overall plan and budget shall be reviewed and updated at least
501 annually by the governing body.
- 502 3. The annual budget should reflect a comparative analysis of the cost
503 savings of the volunteers.

PART V POLICIES AND PROCEDURES

112 GENERAL

- 112.01 The hospice shall maintain operational policies and procedures, which shall be kept current.
- 112.02 Such policies and procedures shall accurately reflect a description of the hospice's goals, methods by which these goals are sought, and mechanisms by which the basic hospice care services are delivered.
- 112.03 Policies and procedures shall be available to hospice team members, patients and their families/primary care person, potential applicants for hospice care, and the Department.

113 PERSONNEL POLICIES

- 113.01 **Personnel Policies.** Each licensed hospice agency shall adopt and enforce personnel policies applicable and available to all full- and part-time employees. These policies shall include but not be limited to the following:
1. Fringe benefits, hours of work and leave time.
 2. Requirements for initial and periodic health examinations;
 3. Orientation to the hospice and appropriate continuing education;
 4. Job descriptions for all positions utilized by the agency;
 5. Annual performance evaluations for all employees;
 6. Compliance with all applicable requirements of the Civil Rights Act of 1964;
 7. Provision for confidentiality of personnel records.
- 113.02 **Personnel Records** - Each licensed hospice shall maintain complete personnel records for all employees on file at each licensed site. Personnel records for all employees shall include an application for employment including name and address of the employee, social security number, date of birth, name and address of next of kin, evidence of qualifications, (including reference checks), current licensure and/or registration (if applicable), performance evaluation, evidence of health screening, evidence of orientation, and a contract (if applicable), date of employment and separation from the hospice and the reason for separation. A Hospice that provides other services under arrangement through a contractual purchase of services shall ensure that these services

are provided by qualified personnel; currently licensed and/or registered if applicable, under the supervision of the agency.

113.03 **Criminal History Record Checks.**

1. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:
 - a. Every new employee of a covered entity who provides direct patient care or services and who is employed after or on July 01, 2003.
 - b. Every employee of a covered entity employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer.
2. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check have revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has documented evidence of submission of fingerprints for the background check , any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check by any employment offer, contract, or arrangement with the personal shall be voidable, if he/she receives a disqualifying criminal record check.
3. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the license facility:
 - a. possession or sale of drugs
 - b. murder
 - c. manslaughter
 - d. armed robbery
 - e. rape

- f. sexual battery
 - g. sex offense listed in Section 45-33-23, Mississippi Code of 1972
 - h. child abuse
 - i. arson
 - j. grand larceny
 - k. burglary
 - l. gratification of lust
 - m. aggravated assault
 - n. felonious abuse and/or battery of vulnerable adult
4. Documentation of verification of the employee's disciplinary status, if any, with the employee's professional licensing agency as applicable, and evidence of submission of the employee's fingerprints to the licensing agency must be on file and maintained by the facility prior to the new employees first date of employment. The covered entity shall maintain on file evidence of verification of the employee's disciplinary status from any applicable professional licensing agency and submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.
 5. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require every employee of a licensed facility employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (c) above.
 6. From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed the affidavit required by this section. The covered entity shall place the affidavit in the employee's personnel file as proof of compliance with this section.
 7. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo contendere to any of the offenses listed herein, and the conviction or pleas has not been reversed on appeal

or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the facility(s) policies and procedures.

8. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (g) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the licensed entity(s) hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the **covered entity**. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility.
9. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars (\$50.00).
10. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi State Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant's criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history record check as required in this subsection.
11. For individuals contracted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check.

12. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officers, employees, attorneys and representatives, shall be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section.

113.04 **Insurance Coverage** - For the protection of the owner, administrator, and the patients served, it is strongly recommended that every hospice carry liability insurance coverage.

113.05 **Employee Health Screening** - Every employee of a hospice who comes in contact with patients shall receive a health screening by a licensed physician, nurse practitioner or designated Employee Health Nurse who conduct exams under approved policies prior to employment and annually thereafter.

113.06 **Staffing Pattern** - Each hospice and alternate site shall maintain on site current staffing patterns for all health care personnel including full-time, part-time, contract staff and staff under arrangement. The staffing pattern shall be developed at least one week in advance, updated daily as needed, and kept on file for a period of one year. The staffing pattern shall indicate the following for each working day:

1. Name and position of each staff member.
2. Patients to be visited.
3. Scheduled supervisory visits.
4. Staff on call after office hours.

114 **CONTRACT SERVICES**

114.01 **Contract Services** - Contract services may be provided when necessary to supplement hospice employees in order to meet the needs of patients during peak patient loads or under extraordinary circumstances. If contracting is used, the hospice must maintain professional, financial and administrative responsibility for the services. The hospice must assure that the personnel contracted are legally and professionally qualified to perform the services.

PART VI ADMISSIONS

115 ADMISSIONS

115.01 The hospice shall have written criteria which addresses the eligibility for admission into the program. At a minimum this agreement shall contain:

1. Informed consent that specifies the type of care and services provided by the Hospice agency.
2. An election statement for hospice care.
3. A statement of authorization for hospice care by a physician.

115.02 There shall be documented evidence that the patient has been informed of the nature and extent of his/her illness prior to admission.

115.03 If a hospice accepts a patient who does not have a designated primary care person, the hospice shall define its responsibility to identify and instruct a primary care person and to delineate that person's role in patient care.

115.04 Hospice care shall be provided regardless of the patient or family's ability to pay.

115.05 Such care shall be available without regard to age, race, creed, color, religion, sex, national origin, or individuals with disabilities.

PART VII BASIC HOSPICE CARE

116 CORE SERVICES

116.01 Hospice care shall be provided by a hospice care team. Medical, nursing and counseling services are basic to hospice care and shall be provided directly. Hospice care will be available twenty-four (24) hours a day, seven (7) days a week.

1. Medical services shall be under the direction of the medical director.
2. Nursing services shall be under the direction of a registered nurse and shall include, but not be limited to: assessment, planning and delivery of nursing care; carrying out physicians' orders; documentation; evaluation of nursing care; and direction of patient care provided by non-professionals.
3. Counseling services shall be provided in a manner which best assists the patient and family unit to cope with the stresses related to the patient's condition. These services may be provided by a member of the clergy who is qualified through training and/or experience to provide such services, or by other qualified counselor(s). Such counselors shall be licensed, if applicable.
4. Social services shall be directed by a social worker, and shall consist primarily of assisting the patient and family unit to deal with problems of social functioning affecting the health or well-being of the patient.

117 OTHER SERVICES

117.01 Coordination of patient care shall be the responsibility of a registered nurse of hospice care team. Duties shall include coordination of team meetings, care delivery, and evaluation of activities.

117.02 Spiritual services shall be available and offered to the patient and family unit; however, no value or belief system may be imposed.

117.03 Volunteer services shall be provided by the hospice. These services shall be provided according to written policies and procedures. These policies and procedures shall address at a minimum:

1. Recruitment and retention;
2. Screening;
3. Orientation;

4. Scope of function;
5. Supervision;
6. Ongoing training and support;
7. Documentation of volunteer activities.

117.04 Bereavement services shall be available for a period of at least one year following the patient's death. Such services shall be defined by policy. Documentation of such services shall be maintained.

117.05 Home Health aide services and homemaker services shall be available and adequate to meet the needs of the patient. The home health aide shall meet the federal and state training requirements.

117.06 Hospice assures that a Registered Nurse visits the patient home site every 2 weeks to assess aide services. (This visit need not be solely for the purpose of supervision but can be in conjunction with providing nursing care).

118 **RESPIRE - INPATIENT CARE**

118.01 If a hospice is not based in a licensed facility (hospital or nursing home), a contractual arrangement shall be made with one or more such facilities for provision of respite-inpatient services. Inpatient beds under such contract may be used by the hospice when needed or may remain otherwise available to the inpatient unit at other times without a change in licensing.

118.02 Such contract shall be maintained with an inpatient provider who contractually agrees to support the policies of hospice.

118.03 The hospice care team shall retain the responsibility for coordinating the patient's care during inpatient hospice care.

118.04 The aggregate number of inpatient days provided by a hospice through all contractual arrangements between the hospice and licensed health care facilities providing inpatient hospice care may not exceed twenty percent (20%) of the aggregate total number of days of hospice care provided to all patients receiving hospice care from the hospice during a twelve (12) month period. However, the provisions of this paragraph (a) shall not apply to a hospice facility providing freestanding hospice care.

118.05 The designation of a specific room or rooms for inpatient hospice care shall not be required if beds are available through contract between an existing health care facility and a hospice.

118.06 Licensed beds designated for inpatient hospice care through contract between an existing health care facility and a hospice shall not be required to be delicensed from one type of bed in order to enter into a contract with a hospice, nor shall the physical plant of any facility be required to be altered, except that a homelike atmosphere may be required.

118.07 Staffing standards for inpatient hospice care provided through a contract may not exceed the staffing standards required under the license held by the contractee.

118.08 Under no circumstance may a hospice contract for the use of a licensed bed in a health care facility or another hospice that has, or has had within the last eighteen (18) months, a suspended, revoked or conditional license, accreditation or rating.

119 **PLAN OF CARE**

119.01 A written plan of care for each hospice patient shall be completed within 7 days of the patient's acceptance into the hospice program. At a minimum, this care plan shall be reviewed and updated every two weeks.

119.02 The hospice core team shall meet as a group to review the plan of care.

119.03 Documentation of care plan review shall include a record of those present, and shall also include a record of the attending physician's review or medical director's review and concurrence.

120 **INDIVIDUAL RIGHTS**

120.01 The patient's participation in a hospice program is voluntary, and he/she may sever this relationship at any time.

120.02 Every patient shall sign a consent form that specifies the type of care and services that shall be provided as hospice care during the course of the illness.

120.03 The patient shall have the right to refuse any treatment without severing relationship with the hospice.

120.04 The patient shall retain the right to choose his/her own private physician as long as the attending physician agrees to abide by the policies and procedures of the hospice program.

120.05 The patient shall have the right to religious freedom, including the right to espouse no religious belief.

- 811 120.06 The patient and family unit shall have the right to consideration, dignity,
812 and privacy in the provision of hospice services.
- 813 120.07 Confidentiality shall be maintained.
- 814 120.08 The patient shall have the right to have family present any time during an
815 inpatient stay related to the terminal illness, except during procedures
816 which might endanger the family, or when the presence of the family
817 poses a risk to the patient. Such circumstances shall be documented in
818 the medical record by the attending physician, or a hospice physician.
- 819 120.09 The patient and primary care person shall have the right to participation
820 in the formulation of his/her plan of care.
- 821 120.10 A hospice shall provide oral and written explanations of the individual's
822 rights to the patient and family/primary care person prior to admission
823 into the hospice care program.
- 824 **121 IN-SERVICE TRAINING**
- 825 121.01 The hospice shall provide ongoing, relevant in-service training for all
826 members of the hospice care team.
- 827 121.02 Documentation of training shall be maintained.
- 828 **122 RECORDS**
- 829 122.01 In accordance with acceptable principles of practice, the hospice shall
830 establish and maintain a clinical record for every patient admitted for
831 care and services. The records must be complete, promptly and
832 accurately documented, readily accessible and systematically organized
833 to facilitate retrieval.
- 834 122.02 **Content** - Each clinical record shall be comprehensive compilation of
835 information. Entries shall be made for all services provided and shall be
836 signed and dated within 7 days by the individual providing the services.
837 The record shall include all services whether furnished directly or under
838 arrangements made by the hospice. Each patient's record shall contain:
- 839 1. Identification data;
 - 840 2. The initial and subsequent assessments;
 - 841 3. The plan of care;
 - 842 4. Consent and authorization forms;
 - 843 5. Pertinent medical and psychosocial history;

6. Complete documentation of all services and events (including evaluations, treatments, progress notes, etc.);

7. Transfer and discharge records.

122.03 **Protection of Information.** The hospice shall safeguard the clinical record against loss, destruction and unauthorized use.

122.04 Clinical records shall be preserved as original records, micro-films or other usable forms and shall be such as to afford a basis for complete audit of professional information. Hospices shall retain all clinical records or shall assure that they are maintained in a manner acceptable to the Department at least until the sixth anniversary of the patient's death or discharge. In the event the hospice shall cease operation, the Department shall be advised of the location of said records.

123 **SUPPLIES AND EQUIPMENT**

123.01 The hospice shall provide supplies and equipment appropriate to the services being offered.

124 **DRUG ADMINISTRATION**

124.01 The hospice shall have a written policy for procurement, administration and destruction of drugs.

124.02 Drug administration shall be in compliance with all applicable state and federal laws.

125 **QUALITY ASSURANCE**

125.01 The hospice shall conduct an ongoing, comprehensive self-assessment of the quality of care provided, including the appropriateness of care, services, and evaluations of services by the volunteers. The findings shall be used by the hospice to correct identified problems and to revise hospice policies.

PART VIII PHYSICAL FACILITIES

126 PHYSICAL FACILITIES

Physical Facilities. Each hospice office shall be commensurate in size for the volume of staff, patients, and services provided. Offices shall be well lighted, heated, and cooled. Offices should be accessible to the individuals with disabilities.

127 ADMINISTRATIVE OFFICES

127.01 Each Hospice shall provide adequate office space and equipment for all administrative and health care staff. An adequate number of desks, chairs, filing cabinets, telephones, tables, etc., shall be available.

128 STORAGE FACILITIES

128.01 Each Hospice shall provide sufficient areas for the storage of:

1. Administrative records and supplies
2. Clinical Records
3. Medical equipment and supplies.

129 TOILET FACILITIES

129.01 Each hospice office shall be equipped with an adequate number of toilet rooms. Each toilet room shall include: lavatories, soap, towels, and water closets.

130 COMMUNICATION FACILITIES

130.01 Each Hospice Agency shall have an adequate number of telephones and extensions, located so as to be quickly accessible from all parts of the building. The telephone shall be listed under the official licensed name of the agency.

PART IX INPATIENT CONTINUE-CARE HOSPICE

131 FOOD SERVICE INPATIENT CONTINUE CARE HOSPICE

131.01 **Direction and Supervision** - The inpatient continue care hospice shall provide patients with well-planned, attractive, and satisfying meals which will meet their nutritional, social, emotional, and therapeutic needs. The dietary department of a hospice shall be directed by a Registered Dietitian, certified dietary manager, or a qualified dietary manager. If a food service supervisor is the director, she must receive frequent, regularly scheduled consultation from a registered dietitian.

132 FOOD HANDLING PROCEDURES

132.01 **Clean Rooms** - Floors, walls, and ceilings of rooms in the food service area shall be free of an accumulation of rubbish, dust, grease and dirt.

132.02 **Clean Equipment** - Equipment within the food service area shall be clean and free of dust, grease, and dirt.

132.03 **Tables and Counters** - Tables and counters which are used for food service shall be kept clean.

132.04 **Clean Utensils** - Service utensils shall be cleaned after each use. Utensils used for food storage shall be kept clean.

132.05 **Dish and Utensil Washing** - Dishes and utensils used for eating, drinking, and in preparation or serving of food and drink shall be cleaned after each use in accordance with the regulations of the Mississippi State Department of Health governing food handling establishments.

132.06 **Ice** - Ice to be served shall be of sanitary quality. Ice shall be handled, crushed, and stored in clean equipment and shall not be served by direct contact of fingers or hands but only with spoons, scoops, or the like.

132.07 **Protection from Contamination** - All foods and food ingredients shall be so stored, handled, and served so as to be protected from dust, flies, roaches, rats, unsanitary handling, droplet infection, overhead leakage, sewage backflow and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.

132.08 **Storage and Service of Milk and Ice Cream** -

1. All milk and fluid milk products shall be stored and served in accordance with regulations of the State Department of Health governing the production and sale of milk and milk products.

2. All ice cream and other frozen desserts shall be from an approved source. Ice cream shall be stored in covered containers. No contaminating substance shall be stored with ice cream.

132.09 Kitchen Garbage and Trash Handling -

1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and stored in a screened or refrigerated space pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.
2. After being emptied, all garbage and trash cans shall be washed and dried before re-use.

132.10 Employees' Cleanliness -

1. Employees engaged in handling, preparation, and/or serving of food shall wear clean clothing at all times. They shall wear hair nets, head bands, or caps to prevent the falling of hair.
2. Employees handling food shall wash their hands thoroughly before starting to work, immediately after contact with any soiled matter, and before returning to work after each visit to the toilet room.
3. Street clothing of employees shall be stored in lockers or dressing rooms.

132.11 Smoking and Expectorating - Smoking or expectorating within the food service area shall not be permitted.

132.12 Dining in Kitchen - Dining in the kitchen shall not be permitted.

133 MEAL SERVICE

133.01 Meals and Nutrition - At least three (3) meals in each twenty-four hours shall be provided. The daily food allowance shall meet the current recommended dietary allowances of the Food and Nutrition Board of National Research Council adjusted for individual needs.

133.02 Menu - The menu shall be planned and written at least one week in advance. The current week's menu shall be signed by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days.

133.03 Timing of Meals - A time schedule for serving meals to patients or residents and personnel shall be established. Meals shall be served

approximately five (5) hours apart with no more than fourteen (14) hours between a substantial evening meal and breakfast. The time schedule of meals shall be posted with the menu on the board. Bedtime/in between meal snacks of nourishing quality must be offered to patients not on diets prohibiting such nourishment.

133.04 **Modification in Regular Diets** - Modified diets which are a part of medical treatment shall be prescribed in written orders by the physician, for example; sodium restricted diets; bland-low residue diets; and modification in carbohydrates, protein, or fat. All modified diets shall be planned in writing and posted along with regular menus. A current diet manual shall be available to personnel. The registered dietitian shall approve all modified diet menus and the diet manual used in the facility.

133.05 **Food Preparation** - Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served.

133.06 **Food Supply** - Supplies of perishable foods for at least a twenty-four (24) hour period and or non-perishable foods for a three (3) day period shall be on the premises to meet the requirements of the planned menus. The non-perishable foods shall consist of commercial type processed foods.

133.07 **Serving of Meals** -

1. Tables should be made available for all patients. Patients who are not able to go to the dining room shall be provided sturdy tables (not TV trays) of proper heights. For those who are bedfast or infirm, tray service shall be provided in their rooms with the tray resting on a firm support.
2. Personnel eating meals or snacks on the premises shall be provided facilities separate from and outside of food preparation, tray service, and dish washing areas.
3. Foods shall be attractively and neatly served. All foods shall be served at proper temperature. Effective equipment shall be provided and procedures established to maintain food at proper temperature during serving.
4. All trays, tables, utensils and supplies such as china, glassware, flatware, linens and paper placemats or tray covers used for meal service shall be appropriate, sufficient in quantity, and in compliance with the applicable sanitation standard.
5. Food Service personnel. A competent person shall be designated by the administrator to be responsible for the total food service of

1002 the home. Sufficient staff shall be employed to meet the
 1003 established standards of food service. Provision should be made
 1004 for adequate supervision and training of the employees.

1005 134 **PHYSICAL FACILITIES**

1006 134.01 **Floors** - Floors in food service areas shall be of such construction so as
 1007 to be easily cleaned, sound, smooth, non-absorbent, and without cracks
 1008 or crevices. Also, floors shall be kept in good repair.

1009 134.02 **Walls and Ceilings.** Walls and ceilings of food service areas shall be
 1010 tight and substantial construction, smoothly finished, and painted in a
 1011 light color. The walls and ceilings shall be without horizontal ledges and
 1012 shall be washable up to the highest level reached by splash and spray.
 1013 Roofs and walls shall be maintained free of leaks. All openings to the
 1014 exterior shall be provided with doors or windows that will prevent the
 1015 entrance of rain or dust during inclement weather.

1016 134.03 **Screens on Outside Openings** - Openings to the outside shall be
 1017 effectively screened. Screen doors shall open outward and be equipped
 1018 with self-closing devices.

1019 134.04 **Lighting** - The kitchen, dish washing area, and dining room shall be
 1020 provided with well distributed and unobstructed natural light or
 1021 openings. Artificial light properly distributed and of an intensity of not
 1022 less than thirty (30) foot candles shall be provided.

1023 134.05 **Ventilation** - The food service area shall be ventilated in a manner that
 1024 will maintain comfortable working conditions, remove objectionable
 1025 odors and fumes, and prevent excessive condensations.

1026 134.06 **Employee Toilet Facilities** - Toilet facilities shall be provided for
 1027 employees. Toilet rooms shall not open directly into any room in which
 1028 food is prepared, stored, displayed, or served, nor into any room in which
 1029 utensils are washed or stored. Toilet rooms shall have a lavatory and
 1030 shall be well lighted and ventilated.

1031 134.07 **Hand Washing Facilities** - Hand washing facilities with hot and cold
 1032 water, soap dispenser and a supply of soap, and disposable towels shall
 1033 be provided in all kitchens. The use of a common towel is prohibited.
 1034 Hands shall not be washed in sinks where food is prepared or where
 1035 utensils are cleaned.

1036 134.08 **Refrigeration Facilities** - Adequate refrigeration facilities, automatic in
 1037 operation, for the storage of perishable foods shall be provided. Where
 1038 separate refrigeration can be provided, the recommended temperatures
 1039 for storing perishable foods are thirty-two (32o) to thirty-eight (38o)
 1040 degrees Fahrenheit for meats, forty (40o) degrees Fahrenheit for dairy

1041 products, and forty-five (45o) to fifty (50o) degrees Fahrenheit for fruits
 1042 and vegetables. All refrigerators shall be provided with thermometers.
 1043 Homes with more than twenty-four (24) beds shall have commercial or
 1044 institutional type refrigeration.

1045 134.09 **Equipment or Utensil Construction** - Equipment and utensils shall be
 1046 constructed so as to be easily cleaned and shall be kept in good repair.

1047 134.10 **Separation of Kitchen from Resident Rooms and Sleeping Quarters** -
 1048 Any room used for sleeping quarters shall be separated from the food
 1049 service area by a solid wall. Sleeping accommodations such as a cot,
 1050 bed, or couch shall not be permitted within the food service area.

1051 135 AREAS AND EQUIPMENT

1052 135.01 **Location and Space Requirements** - Food service facilities shall be
 1053 located in a specifically designated area and shall include the following
 1054 rooms and/or spaces: Kitchen, dishwashing, food storage, and dining
 1055 room.

1056 135.02 **Kitchen** -

1057 1. **Size and Dimensions** - The minimum area of kitchen (food
 1058 preparation only) for less than twenty-five (25) beds shall be two
 1059 hundred (200) square feet. In homes with twenty-five (25) to sixty
 1060 (60) beds a minimum area of ten (10) square feet per bed shall be
 1061 provided. In homes with sixty-one (61) to eighty (80) beds, a
 1062 minimum of six (6) square feet per bed shall be provided for each
 1063 bed over sixty (60) in the home. In homes with eighty-one (81) to
 1064 one hundred (100) beds, a minimum of five (5) square feet per bed
 1065 shall be provided for each bed over eighty (80). In homes with
 1066 more than one hundred (100) beds proportionate space approved
 1067 by the licensing agency shall be provided. Also, the kitchen shall
 1068 be of such size and dimensions in order to:

- 1069 a. Permit orderly and sanitary handling and processing of food.
- 1070 b. Avoid overcrowding and congestion of operations.
- 1071 c. Provide at least three (3) feet between working areas and
- 1072 wider if space is used as a passageway.
- 1073 d. Provide a ceiling height of at least eight (8) feet.

1074 2. **Minimum equipment** in kitchen shall include -

- 1075 a. Range and cooking equipment - Facility with more than
- 1076 twenty-four (24) beds shall have institutional type ranges,

- 1077 ovens, steam cookers, fryers, etc., in appropriate sizes and
 1078 numbers to meet the food preparation needs of the facility.
 1079 The cooking equipment shall be equipped with a hood vented
 1080 to the outside as appropriate.
- 1081 b. Refrigerator and Freezers - Facilities with more than twenty-
 1082 four (24) beds shall have sufficient commercial or institutional
 1083 type refrigeration/freezer units to meet the storage needs of the
 1084 facility.
- 1085 c. Bulletin Board
- 1086 d. Clock
- 1087 e. Cook's table
- 1088 f. Counter or table for tray set-up
- 1089 g. Cans, garbage (heavy plastic or galvanized)
- 1090 h. Lavatories, hand washing; conveniently located throughout the
 1091 department
- 1092 i. Pots, pans, silverware, dishes, and glassware in sufficient
 1093 numbers with storage space for each
- 1094 j. Pot and Pan Sink - A three compartment sink shall be
 1095 provided for cleaning pots and pans. Each compartment shall
 1096 be a minimum of twenty-four (24) inches by twenty-four (24)
 1097 inches by sixteen (16) inches. A drain board of approximately
 1098 thirty (30) inches shall be provided at each end of the sink, one
 1099 to be used for stacking soiled utensils and the other for
 1100 draining clean utensils.
- 1101 k. Food Preparation Sink - A double compartment food
 1102 preparation sink shall be provided for washing vegetables and
 1103 other foods. A drain board shall be provided at each end of
 1104 the sink.
- 1105 l. Fire extinguisher, 20 BC rated (sodium bicarbonate or
 1106 potassium bicarbonate)
- 1107 m. Ice Machine - At least one ice machine shall be provided. If
 1108 there is only one (1) ice machine in the facility, it shall be
 1109 located adjacent to but not in the kitchen. If there is an ice
 1110 machine located at nursing station, then the ice machine for
 1111 dietary shall be located in the kitchen.

- 1112 n. Office - An office shall be provided near the kitchen for the
 1113 use of the food service supervisor. As a minimum, the space
 1114 provided shall be adequate for a desk, two chairs and a filing
 1115 cabinet.
- 1116 o. Coffee, Tea and Milk Dispenser - (Milk dispenser not required
 1117 if milk is served in individual cartons.)
- 1118 p. Tray assembly line equipment with tables, hot food tables, tray
 1119 slide, etc.
- 1120 q. Ice Cream Storage
- 1121 r. Tray Cart - (Hot food carts are desirable but not specifically
 1122 required.)
- 1123 s. Mixer - Institutional type mixer of appropriate size for facility.
- 1124 135.03 **Dishwashing** - Commercial or institutional type dishwashing equipment
 1125 shall be provided in homes with more than twenty-four (24) beds. The
 1126 dishwashing area shall be separated from the food preparation area by a
 1127 partition wall. If sanitizing is to be accomplished by hot water, a
 1128 minimum temperature of one hundred eighty degrees (180o) Fahrenheit
 1129 shall be maintained during the rinsing cycle. An alternate method of
 1130 sanitizing through use of chemicals (chlorine) may be provided if
 1131 sanitizing standards of the Mississippi State Department of Health are
 1132 observed. Adequate counter space for stacking soiled dishes shall be
 1133 provided in the dishwashing area at the most convenient place of entry
 1134 from the dining room, followed by a disposer with can storage under the
 1135 counter. There shall be a pre-rinse sink, then the dishwasher and finally
 1136 a counter or drain for clean dishes. The dishwashing areas shall have a
 1137 wall or partition separating soiled and clean dish areas.
- 1138 135.04 **Food Storage** - A food-storage room with cross ventilation shall be
 1139 provided. Adequate shelving, bins, and heavy plastic or galvanized cans
 1140 shall be provided. The storeroom shall be of such construction as to
 1141 prevent the invasion of rodents and insects, the seepage of dust and water
 1142 leakage, or any other source of contamination. The food-storage room
 1143 should be adjacent to the kitchen and convenient to the receiving area.
 1144 There shall be sufficient food storage area to meet need of the facility.

136 SANITATION AND HOUSEKEEPING IN INPATIENT CARE

136.01 Sanitation

136.02 Water Supply -

1. If at all possible, all water shall be obtained from a public water supply. If not possible to obtain water from a public water supply source, the private water supply shall meet the approval of the local county health department and/or the State Department of Health.

2. Water under pressure sufficient to operate fixtures at the highest point during maximum demand periods shall be provided. Water under pressure of at least fifteen (15) pounds per square inch shall be piped to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water.

3. It is recommended that the water supply into the building can be obtained from two (2) separate water lines if possible.

4. A dual hot water supply shall be provided. The temperature of hot water to lavatories and bathing facilities shall not exceed one hundred ten degrees (110°) Fahrenheit, nor shall hot water be less than one hundred degrees (100°) Fahrenheit. The temperature in rinsing cycle of dishwashing shall be at least one hundred eighty degrees (180°) Fahrenheit.

136.03 Disposal of Liquid and Human Wastes -

1. There shall be installed within the building a properly designed waste disposal system connecting to all fixtures to which water under pressure is piped.

2. All liquid and human waste, including floor-wash water and liquid waste from refrigerators, shall be disposed of through trapped drains into a public sewer system where such system is available.

3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed of through trapped drains into a sewerage disposal system approved by the local county health department and/or the State Department of Health. The sewerage disposal system shall be of a size and capacity based on the number of patients and personnel housed and employed in the institution. Where the sewerage disposal system is installed prior to the opening of the home, it shall be assumed, unless proven otherwise, that the system was designed for ten (10) or fewer persons.

- 1183 136.04 **Premises** - The premises shall be kept neat, clean, and free of an
 1184 accumulation of rubbish, weeds, ponded water, or other conditions which
 1185 would have a tendency to create a health hazard.
- 1186 136.05 **Control of Insects, Rodents, Etc.** - The institution shall be kept free of
 1187 ants, flies, roaches, rodents, and other insects and vermin. Proper
 1188 methods for their eradication and control shall be utilized.
- 1189 136.06 **Toilet Room Cleanliness** - Floors, walls, ceilings, and fixtures of all
 1190 toilet rooms shall be kept clean and free of objectionable odors. These
 1191 rooms shall be kept free of an accumulation of rubbish, cleaning
 1192 supplies, toilet articles, etc.
- 1193 136.07 **Garbage Disposal** -
- 1194 1. Garbage must be kept in water-tight suitable containers with tight
 1195 fitting covers. Garbage containers must be emptied at frequent
 1196 intervals and cleaned before using again.
- 1197 2. Proper disposition of infectious materials shall be observed.
- 1198 137 **HOUSEKEEPING AND PHYSICAL PLANT MAINTENANCE**
- 1199 137.01 **Housekeeping Facilities and Services** -
- 1200 1. The physical plant shall be kept in good repair, neat, and attractive.
 1201 The safety and comfort of the resident shall be the first
 1202 consideration.
- 1203 2. Janitor closets shall be provided with a mop-cleaning sink and be
 1204 large enough in area to store house cleaning supplies and
 1205 equipment. A separate janitor closet area and equipment should be
 1206 provided for the food service area.
- 1207 137.02 **Bathtubs, Showers, and Lavatories** - Bathtubs, showers, and lavatories
 1208 shall be kept clean and in proper working order. They shall not be used
 1209 for laundering or for storage of soiled materials. Neither shall these
 1210 facilities be used for cleaning mops, brooms, etc.
- 1211 137.03 **Patient Bedrooms** - Patient bedrooms shall be cleaned and dusted as
 1212 often as necessary to maintain a clean, attractive appearance. All
 1213 sweeping should be damp sweeping, all dusting should be damp dusting
 1214 with a good germicide or detergent-germicide.

1215 137.04 **Storage** -

- 1216 1. Such items as beds, mattresses, mops, mop buckets, dust rags, etc.,
 1217 shall not be kept in hallways, corners, toilet or bathrooms, clothes
 1218 closets, or patient bedrooms.
- 1219 2. The use of attics for storage of combustible materials is prohibited.
- 1220 3. If basements are used for storage, they shall meet acceptable
 1221 standards for storage and for fire safety.

1222 138 **MEDICAL WASTE**

1223 138.01 **Regulated Medical Waste** - "Infectious Medical Wastes" includes solid
 1224 or liquid wastes which may contain pathogens with sufficient virulence
 1225 and quantity such that exposure to the waste by a susceptible host has
 1226 been proven to result in an infectious disease. For purposes of this
 1227 Regulation, the following wastes shall be considered to be infectious
 1228 medical wastes:

- 1229 1. Wastes resulting from the care of patients and animals who have
 1230 Class I and/or II diseases that are transmitted by blood and body
 1231 fluid as defined in the rules and regulations governing reportable
 1232 diseases as defined by the Mississippi State Department of Health;
- 1233 2. Cultures and stocks of infectious agents; including specimen
 1234 cultures collected from medical and pathological laboratories,
 1235 cultures and stocks of infectious agents from research and
 1236 industrial laboratories, wastes from the production of biologicals,
 1237 discarded live and attenuated vaccines, and culture dishes and
 1238 devices used to transfer, inoculate, and mix cultures;
- 1239 3. Blood and blood products such as serum, plasma, and other blood
 1240 components;
- 1241 4. Pathological wastes, such as tissues, organs, body parts, and body
 1242 fluids that are removed during surgery and autopsy;
- 1243 5. Contaminated carcasses, body parts, and bedding of animals that
 1244 were exposed to pathogens in medical research;
- 1245 6. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur
 1246 pipettes, broken glass, scalpel blades) which have come into
 1247 contact with infectious agents;
- 1248 7. Other wastes determined infectious by the generator or so
 1249 classified by the State Department of Health.

- 1250 138.02 **Medical Waste** - Means all waste generated in direct patient care or in
 1251 diagnostic or research areas that is non-infectious but aesthetically
 1252 repugnant if found in the environment."
- 1253 138.03 **Medical Waste Management Plan** - All generators of infectious
 1254 medical waste and medical waste shall have a medical waste
 1255 management plan that shall include, but is not limited to, the following:
- 1256 138.04 **Storage and Containment of Infectious Medical Waste and Medical**
 1257 **Waste**
- 1258 1. Containment of infectious medical waste and medical waste shall
 1259 be in a manner and location which affords protection from animals,
 1260 rain and wind, does not provide a breeding place or a food source
 1261 for insects and rodents, and minimizes exposure to the public.
 - 1262 2. Infectious medical waste shall be segregated from other waste at
 1263 the point of origin in the producing facility.
 - 1264 3. Unless approved by the Mississippi State Department of Health or
 1265 treated and rendered non-infectious, infectious medical waste
 1266 (except for sharps in approved containers) shall not be stored at a
 1267 waste producing facility for more than seven days above a
 1268 temperature of 60 C (38° F). Containment of infectious medical
 1269 waste at the producing facility is permitted at or below a
 1270 temperature of 00 C (32° F) for a period of not more than 90 days
 1271 without specific approval of the Department of Health.
 - 1272 4. Containment of infectious medical waste shall be separate from
 1273 other wastes. Enclosures or containers used for containment of
 1274 infectious medical waste shall be so secured so as to discourage
 1275 access by unauthorized persons and shall be marked with
 1276 prominent warning signs on, or adjacent to, the exterior of entry
 1277 doors, gates, or lids. Each container shall be prominently labeled
 1278 with a sign using language to be determined by the Department
 1279 and legible during daylight hours.
 - 1280 5. Infectious medical waste, except for sharps capable of puncturing
 1281 or cutting, shall be contained in double disposable plastic bags or
 1282 single bags (1.5 mills thick) which are impervious to moisture and
 1283 have strength sufficient to preclude ripping, tearing, or bursting
 1284 under normal conditions of usage. The bags shall be securely tied
 1285 so as to prevent leakage or expulsion of solid or liquid waste
 1286 during storage, handling, or transport.
 - 1287 6. All sharps shall be contained for disposal in leak proof, rigid,
 1288 puncture-resistant containers which are taped closed or tightly
 1289 lidded to preclude loss of the contents.

- 1290 7. All bags used for containment and disposal of infectious medical
1291 waste shall be of distinctive color or display the Universal Symbol
1292 for infectious waste. Rigid containers of all sharps waste shall be
1293 labeled.
- 1294 8. Compactors or grinders shall not be used to process infectious
1295 medical waste unless the waste has been rendered non-infectious.
1296 Sharps containers shall not be subject to compaction by any
1297 compacting device except in the institution itself and shall not be
1298 placed for storage or transport in a portable or mobile trash
1299 compactor.
- 1300 9. Infectious medical waste and medical waste contained in
1301 disposable containers as prescribed above, shall be placed for
1302 storage, handling, or transport in disposable or reusable pails,
1303 cartons, drums, or portable bins. The containment system shall be
1304 leak proof, have tight-fitting covers and be kept clean and in good
1305 repair.
- 1306 10. Reusable containers for infectious medical waste and medical
1307 waste shall be thoroughly washed and decontaminated each time
1308 they are emptied by a method specified by the Mississippi State
1309 Department of Health, unless the surfaces of the containers have
1310 been protected from contamination by disposable liners, bags, or
1311 other devices removed with the waste, as outlined in E.
- 1312 11. Approved methods of decontamination include, but are not limited
1313 to, agitation to remove visible soil combined with one or more of
1314 the following procedures:
- 1315 a. Exposure to hot water at least 180 F for a minimum of 15
1316 seconds.
- 1317 b. Exposure to a chemical sanitizer by rinsing with or immersion
1318 in one of the following for a minimum of 3 minutes:
- 1319 i. Hypochlorite solution (500 ppm available chlorine).
- 1320 ii. Phenolic solution (500 ppm active agent).
- 1321 iii. Iodoform solution (100 ppm available iodine).
- 1322 iv. Quaternary ammonium solution (400 ppm active agent).
- 1323 12. Reusable pails, drums, or bins used for containment of infectious
1324 waste shall not be used for containment of waste to be disposed of
1325 as non-infectious waste or for other purposes except after being

1326 decontaminated by procedures as described in part (J) of this
1327 section.

1328 13. Trash chutes shall not be used to transfer infectious medical waste.

1329 14. Once treated and rendered non-infectious, previously defined
1330 infectious medical waste will be classified as medical waste and
1331 may be landfilled in an approved landfill.

1332 138.05 **Treatment Or Disposal Of Infectious Medical Waste Shall Be By**
1333 **One Of The Following Methods -**

1334 1. By incineration in an approved incinerator which provides
1335 combustion of the waste to carbonized or mineralized ash.

1336 2. By sterilization by heating in a steam sterilizer, so as to render the
1337 waste non-infectious. Infectious medical waste so rendered non-
1338 infectious shall be disposable as medical waste. Operating
1339 procedures for steam sterilizers shall include, but not be limited to,
1340 the following:

1341 a. Adoption of standard written operating procedures for each
1342 steam sterilizer including time, temperature, pressure, type of
1343 waste, type of container(s), closure on container(s), pattern of
1344 loading, water content, and maximum load quantity.

1345 b. Check or recording and/or indicating thermometers during
1346 each complete cycle to ensure the attainment of a temperature
1347 of 121 C (250 F) for one-half hour or longer, depending on
1348 quantity and density of the load, in order to achieve
1349 sterilization of the entire load. Thermometers shall be
1350 checked for calibration at least annually.

1351 c. Use of heat sensitive tape or other device for each container
1352 that is processed to indicate the attainment of adequate
1353 sterilization conditions.

1354 d. Use of the biological indicator *Bacillus stearothermophilus*
1355 placed at the center of a load processed under standard
1356 operating conditions at least monthly to confirm the
1357 attainment of adequate sterilization conditions.

1358 e. Maintenance of records of procedures specified in (a), (b), (c)
1359 and (d) above for period of not less than a year.

1360 3. By discharge to the approved sewerage system if the waste is
1361 liquid or semi-liquid, except as prohibited by the State Department
1362 of Health.

1363 4. Recognizable human anatomical remains shall be disposed of by
 1364 incineration or internment, unless burial at an approved landfill is
 1365 specifically authorized by the Mississippi Department of Health.

1366 5. Chemical sterilization shall use only those chemical sterilants
 1367 recognized by the U. S. Environmental Protection Agency, Office
 1368 of Pesticides and Toxic Substances. Ethylene oxide,
 1369 glutaraldehyde, and hydrogen peroxide are examples of sterilants
 1370 that, used in accordance with manufacturer recommendation, will
 1371 render infectious waste non-infectious. Testing with *Bacillus*
 1372 *subtilis* spores or other equivalent organisms shall be conducted
 1373 quarterly to ensure the sterilization effectiveness of gas or steam
 1374 treatment.

1375 138.06 **Treatment and Disposal of Medical Waste Which Is Not Infectious**
 1376 **Shall Be By One Of The Following**

1377 1. By incineration in an approved incinerator which provides
 1378 combustion of the waste to carbonized or mineralized ash.

1379 2. By sanitary landfill, in an approved landfill which shall mean a
 1380 disposal facility or part of a facility where medical waste is placed
 1381 in or on land, and which is not a treatment facility. All the
 1382 requirements of these standards shall apply, without regard to the
 1383 quantity of medical waste generated per month, to any generator of
 1384 medical waste.

1385 139 **LAUNDRY IN INPATIENT CONTINUE CARE HOSPICE**

1386 139.01 **Direction and Supervision** - Responsibility for laundry services shall be
 1387 delegated to a competent employee.

1388 139.02 **Commercial Laundry** - Institutions for the aged or infirm may use
 1389 commercial laundries or they may provide a laundry within the
 1390 institution.

1391 140 **PHYSICAL FACILITY**

1392 140.01 **Location and Space Requirements** - Each inpatient continue care
 1393 hospice shall have laundry facilities unless commercial laundries are
 1394 used. The laundry shall be located in specifically designated areas, and
 1395 there shall be adequate room and space for sorting, processing, and
 1396 storage of soiled material. Laundry rooms or soiled linen storage areas
 1397 shall not open directly into a patient bedroom or food service area.
 1398 Soiled materials shall not be transported through the food service area.
 1399 If commercial laundry is used, separate satisfactory storage areas shall be
 1400 provided for clean and soiled linens.

- 1401 1. There should be provided a sewing and clean linen separate from
1402 the laundry.
- 1403 2. Housekeeping office and/or space should be provided which may
1404 be in connection with the clean linen room.
- 1405 140.02 **Ventilation** - Provisions should be made for proper mechanical
1406 ventilation of the laundry. Provisions shall be made to prevent the
1407 recirculation of air through the heating and air condition systems.
- 1408 140.03 **Lint Traps** - Adequate and effective lint traps shall be provided for
1409 driers.
- 1410 140.04 **Laundry Chutes** - When laundry chutes are provided they shall have a
1411 minimum diameter of two (2) feet; and they shall be installed with
1412 flushing ring, vent, and drain.
- 1413 1. An automatic sprinkler shall be provided at the top of the laundry
1414 chute and in any receiving room for a chute.
- 1415 2. A self-closing door shall be provided at the bottom of the chute.
- 1416 140.05 **Laundry Equipment** - Laundry equipment shall be of the type to
1417 adequately perform the laundry needs of the institution. The equipment
1418 shall be installed to comply with all local and state codes.
- 1419 141 **PHYSICAL PLANT**
- 1420 141.01 **Location** - All the inpatient continue care hospice care established or
1421 constructed after the adoption of these regulations shall be located so that
1422 they are free from undue noise, smoke, dust, or foul odors and shall not
1423 be located adjacent to disposal plants, cemeteries, etc.
- 1424 141.02 **Site** - The proposed site for a inpatient continue care hospice must be
1425 approved by the Department of Health. Factors to be considered in
1426 approving a site may be convenience to medical and hospital services,
1427 approved water supply and sewerage disposal, public transportation,
1428 community services, services of an organized fire department, and
1429 availability to labor supply. Not more than one-third (1/3) of a site shall
1430 be covered by a building(s) except by special approval of the Department
1431 of Health.
- 1432 One example whereby approval may be granted is where the structure is
1433 to be placed in a very desirable location where the grounds are limited
1434 and very expensive. Where such approval is granted, the structure will
1435 be required to have a living room, day room, sun room, and recreational
1436 areas adequate to compensate for lack of required outside area.

141.03 **Local Restrictions** - The site and structure of all facilities shall comply with local building, fire, and zoning ordinances. Evidence to this effect signed by local building, fire, and zoning officials shall be presented.

141.04 **Transportation** - Facilities shall be located on streets or roads which are passable at all times. They should be located convenient to public transportation facilities.

141.05 **Communication** - There shall be not less than one telephone in the home and such additional telephones as are necessary to summon help in event of fire or other emergency. The telephone shall be listed under the official licensed name or title of the home.

141.06 **Occupancy** - No part of the facility may be rented, leased, or used for any commercial purpose not related to the operation of the home.

141.07 **Basement** -

1. The basement shall be considered as a story if one-half (1/2) or more of its clear height is above the average elevation of the ground adjoining the building on all sides.

2. No patient or resident shall be housed on any floor that is below ground level.

141.08 **Call System** - Some type of signal for summoning aid shall be conveniently provided for each patient.

142 **BUILDING REQUIREMENTS**

142.01 **One-Story Building Non-Combustible Construction** -

1. One-hour fire resistive rating generally. After adoption of these regulations, one-story buildings shall be of at least one-hour fire resistive rating throughout except as provided in subparagraph of this section ("hazardous areas and combustible storage").

2. Hazardous areas and combustible storage. Heating apparatus and boiler and furnace rooms, basements, or attics used for the storage of combustible material and workrooms, such as carpenter or paint shop, kitchen, laundry, etc., shall be classified as hazardous areas and shall be separated from other areas by construction having a fire resistive rating of at least two (2) hours.

- 1469 142.02 **Multi-Story Building** -
- 1470 1. Fire resistive construction. After adoption of these regulations all
- 1471 institutions for the aged or infirm containing two (2) or more
- 1472 stories shall be fire resistive construction.
- 1473 2. Elevator required. No patient shall be housed above the first floor
- 1474 unless the building is equipped with an elevator. The minimum
- 1475 cab size of the elevator shall be approximately five (5) feet four
- 1476 (4) inches by eight (8) feet no (0) inches and constructed of metal.
- 1477 The width of the shaft door shall be at least three (3) feet ten (10)
- 1478 inches. The load weight capacity shall be at least two thousand
- 1479 five hundred (2,500) pounds. The elevator shaft shall be enclosed
- 1480 in fire resistant construction of not less than two-hour fire resistive
- 1481 rating. Elevators shall not be counted as required exits. Exceptions
- 1482 to sub-paragraphs 1 and 2 may be granted to existing facilities at
- 1483 the discretion of the licensing agency.
- 1484 142.03 **Building Codes** - All construction shall be in accordance with applicable
- 1485 local building codes and regulations and with these regulations. In areas
- 1486 not covered in either local codes or these regulations, the following shall
- 1487 apply:
- 1488 1. Southern Standard Build Code.
- 1489 2. National Build Code.
- 1490 3. Uniform Building Code.
- 1491 142.04 **Structural Soundness and Repair; Fire Resistive Rating** - The
- 1492 building shall be structurally sound, free from leaks and excessive
- 1493 moisture, in good repair, and painted at sufficient intervals to be
- 1494 reasonably attractive inside and out. One-story structures shall have a
- 1495 one-hour fire resistance rating except that walls and ceilings of high fire
- 1496 hazard areas shall be of two-hour fire resistance rating in accordance
- 1497 with NFPA #220. Multi-storied buildings shall be of fire resistive
- 1498 materials.
- 1499 142.05 **Temperature** - Adequate heating shall be provided in all rooms used by
- 1500 patients so that a minimum temperature of seventy-five (75°) to eighty
- 1501 (80°) degrees Fahrenheit may be maintained.
- 1502 142.06 **Lighting** - Each patient's room shall have artificial light adequate for
- 1503 reading and other uses as needed. There should be a minimum of ten
- 1504 (10) foot-candles of lighting for general use in patient's room and a
- 1505 minimum of thirty (30) foot-candles of lighting for reading purposes.
- 1506 All entrances, corridors, stairways, ramps, cellars, attics, storerooms,
- 1507 kitchens, laundries, and service units shall have sufficient artificial

- 1508 lighting to prevent accidents and promote efficiency of service. Night
 1509 lights shall be provided in all corridors, stairways, toilets, and bathing
 1510 rooms.
- 1511 142.07 **Emergency Lighting** - All inpatient continue care hospice shall provide
 1512 an emergency lighting system to be used in the event of electrical power
 1513 failure. As a minimum, dry cell battery operated lighting shall be
 1514 provided.
- 1515 142.08 **Screens** - All screen doors and non-stationary windows shall be
 1516 equipped with tight fitting, full length, sixteen (16) mesh screens. Screen
 1517 doors shall swing out and shall be equipped with self-closing devices.
- 1518 142.09 **Floors** - All floors shall be smooth and free from defects such as cracks
 1519 and be finished so that they can be easily cleaned. Floors in corridors,
 1520 patient bedrooms, toilets, bathing rooms, kitchens, utility rooms, and
 1521 other areas where frequent cleaning is necessary should be covered wall-
 1522 to-wall with inlaid linoleum, resilient tile, hard tile, or the equivalent.
- 1523 142.10 **Walls and Ceilings** - All walls and ceilings shall be of sound
 1524 construction with an acceptable surface and shall be maintained in good
 1525 repair. Generally the walls and ceilings should be painted a light color.
- 1526 142.11 **Ceiling Height** - All ceilings shall have a height of at least eight (8) feet
 1527 except that a height of seven (7) feet six (6) inches may be approved for
 1528 corridors or toilets and bathing rooms where the lighting fixtures are
 1529 recessed. Exception may be made for existing facilities.
- 1530 142.12 **Handrails** - Handrails shall be installed on both sides of all corridors and
 1531 hallways used by patients. The handrails should be installed from thirty-
 1532 two (32) inches to thirty-six (36) inches above the floor. The handrails
 1533 should have a return to the wall at each rail ending.
- 1534 142.13 **Ramps and Inclines** - Ramps and inclines, where installed for the use of
 1535 patients, shall not exceed one (1) foot of rise in ten (10) feet of run,
 1536 shall be furnished with a non-slip floor, and shall be provided with
 1537 handrails on both sides.
- 1538 142.14 **Stairways** -
- 1539 1. Stairways shall have a minimum width of forty-four (44) inches
 1540 with risers not to exceed seven and three-fourths (7 3/4) inches and
 1541 treads not less than nine (9) inches. Treads shall be of uniform
 1542 width and risers of uniform height in any one flight of stairs. All
 1543 stairways and stairway landings shall be equipped with handrails
 1544 on both sides.

- 1545 2. A landing with width not less than the width of the stairs shall be
1546 provided at the top and bottom of each flight of stairs.
- 1547 3. Winding stairways or triangular treads are prohibited.
- 1548 4. Stairways shall be enclosed with noncombustible materials of at
1549 least two-hour fire resistance rating.
- 1550 5. Openings to stairways shall be equipped with doors with self-
1551 closing devices.
- 1552 6. Doors to stairways shall open in the direction of exit travel and be
1553 equipped with a vision window of wired glass. The doors shall
1554 open on a landing of the same width as the stair width.
- 1555 7. Stairways shall be individually enclosed and separated from any
1556 public hall.

1557 142.15 **Corridors and Passageways** -

- 1558 1. Corridors in patient areas shall be not less than eight (8) feet wide.
1559 Exception may be granted to existing structures where it is
1560 structurally or feasibly impossible to comply.
- 1561 2. Exit passageways other than corridors in patient areas shall be not
1562 less than four (4) feet wide between handrails.
- 1563 3. Corridors and passageways shall be kept unobstructed.
- 1564 4. Corridors and passageways which lead to the outside from any
1565 required stairway shall be enclosed as required for stairways.

1566 142.16 **Doors General** -

- 1567 1. All stairway doors; doors providing egress from corridors (other
1568 than to the exterior): and all doors to shafts, utility closets, boiler
1569 and incinerator rooms, in fire walls, and other spaces which are a
1570 possible source of fire shall be equal to Underwriters' Laboratories
1571 "Class B-1 1/2 hour" self-closing doors.
- 1572 2. All corridor doors except doors to janitor closets, toilets, and
1573 bathrooms shall be 20 minute rated fire doors or solid wooden
1574 doors of the flush type of nominal thickness of at least one and
1575 three-fourths (1 3/4) inches.
- 1576 3. Bedroom, patient bath, and toilet doors shall not be equipped with
1577 hardware that will allow a patient to lock himself within the room.

- 1578 142.17 **Exit Doors** - Exit doors shall meet the following:
- 1579 1. They shall be of a fire resistive rating equal to the stairway or
- 1580 passage.
- 1581 2. Doors leading to stairways shall be not less than forty-four (44)
- 1582 inches wide.
- 1583 3. Doors to the exterior shall be not less than forty-four (44) inches
- 1584 wide except where the capacity of a first floor exceeds sixty (60)
- 1585 persons or a floor above the first floor exceeds thirty (30) persons
- 1586 in which case wider doors may be required.
- 1587 4. Exit doors shall swing in the direction of exit and shall not obstruct
- 1588 the travel along any required exit.
- 1589 5. Revolving doors shall not be used as required exits.
- 1590 142.18 **Door Widths** - All exit doors shall be a minimum of forty-four (44)
- 1591 inches wide and open outward. Doors to patient bedrooms shall be a
- 1592 minimum of forty-four (44) inches wide. All other doors through which
- 1593 patients must pass (doors to living and day rooms, dining rooms,
- 1594 recreational areas, toilet and bathrooms, physical and occupational
- 1595 therapy rooms, etc.) shall be a minimum of thirty-six (36) inches wide.
- 1596 Doors to patient closets shall be not less than twenty (20) inches wide.
- 1597 Exception may be granted to existing facilities.
- 1598 142.19 **Door Swing** -
- 1599 1. Exit doors, other than from a living unit, shall swing in the
- 1600 direction of exit from the structure.
- 1601 2. Patient bedroom doors. Patient bedroom doors opening from a
- 1602 corridor shall open to the inside of the room.
- 1603 3. Toilet or bathroom doors. Doors to toilet and bathrooms
- 1604 accessible from the patient's bedroom shall open into the bedroom.
- 1605 Doors to toilet or bathroom accessible from a corridor shall open
- 1606 into the toilet or bathroom.
- 1607 142.20 **Floor levels** - All differences in floor levels within the building shall be
- 1608 accomplished by stairs of not less than three (3) six-inch risers, ramps, or
- 1609 inclines; and they shall be equipped with handrails on both sides.
- 1610 142.21 **Space Under Stairs** - Space under stairs shall not be used for storage
- 1611 purposes. All walls and doors shall meet the same fire rating as the
- 1612 stairwell.

- 1613 142.22 **Interior Finish and Decorative Materials** - All combustible,
 1614 decorative, and acoustical material shall be rendered and maintained
 1615 flame resistant. It is recommended that curtains be of fiberglass or other
 1616 flame resistant material.
- 1617 142.23 **Fire Extinguishers** - Fire extinguishers of number, type, and capacity
 1618 appropriate to the need shall be provided for each floor and for special
 1619 fire hazard areas such as kitchen, laundry, and mechanical room. All
 1620 extinguishers shall be of a e approved by the licensing authority of the
 1621 Department of Health. A vaporizing liquid extinguisher (such as carbon
 1622 tetrachloride) will not be approved for use inside the building.
 1623 Extinguishers shall be inspected and serviced periodically as
 1624 recommended by the manufacturer. The date of inspection shall be
 1625 entered on a tag attached to the extinguisher and signed by a reliable
 1626 inspector such as the local fire chief or representative of a fire
 1627 extinguisher servicing company.
- 1628 142.24 **Fire Detection and Fire Protection System** -
- 1629 1. If an automatic sprinkler-alarm system is installed, it shall meet the
 1630 requirements as recommended by the National Fire Protection
 1631 Association according to NFPA, No. 13.
- 1632 2. If an automatic fire detection system is installed, it shall meet the
 1633 following requirements:
- 1634 a. It shall be an Underwriters' Laboratories approved system.
- 1635 b. A smoke detector unit shall be installed upon the ceiling or on
 1636 the side walls near the ceiling throughout all parts of the
 1637 premises including all rooms, halls, storage areas, basements,
 1638 attics, and lofts and inside all closets, elevator shafts, enclosed
 1639 stairways and dumbwaiter shafts, chutes, and other enclosures.
- 1640 c. The system shall be electrically supervised so that the
 1641 occurrence of a break or a ground fault of its installation
 1642 writing circuits, which present the required operation of
 1643 system or failure of its main power supply source, will be
 1644 indicated by a distinctive trouble signal.
- 1645 d. The conductors of the signaling system power supply circuit
 1646 shall be connected on the line side of the main service of a
 1647 commercial light or power supply circuit. A circuit
 1648 disconnecting means shall be so installed that it will be
 1649 accessible only by authorized personnel.
- 1650 142.25 **Smoke Barrier or Fire Retardant Walls** - Each building shall be
 1651 divided into areas not exceeding five thousand (5,000) square feet

between exterior walls or smoke barrier walls. The barrier walls shall be constructed from floor to roof decking with no openings except in corridors or other areas specifically approved by the licensing agency. Self-closing "B" label fire doors with fusible linkage shall be installed in the barrier walls in corridors. All air spaces in the walls shall be filled with a noncombustible material.

142.26 **Exit Signs** - Exits shall be marked with plainly lettered illuminated signs bearing the work "Exit" or "Fire Escape" in letters at least four and one-half (4 1/2) inches high. Exit signs shall be illuminated at all times and wired in front of the electrical panel with fuse control in a locked box. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit.

142.27 **Fire Escapes and Ladders** -

1. The use of ladders (metal or otherwise) in lieu of escapes or fire stairways shall not be permitted on any facility licensed under these regulations.
2. The use of open fire escapes shall not be permitted on facilities opened or established after the effective date of these regulations.
3. Open fire escapes will be permitted on existing institutions provided such fire escapes meet the following requirements:
 - a. They must be of non-combustible material.
 - b. They must have railing or guard at least four (4) feet high on each unenclosed side.
 - c. Wall openings adjacent to fire escapes shall be protected with fire resistive doors and windows.
 - d. Doors leading to fire escapes shall open in the direction of exit.
4. Fire escapes on facilities licensed after adoption of these regulations should generally meet requirements for stairways.

142.28 **Required Fire Exits** -

1. At least two (2) exits, remote from each other, shall be provided for each occupied story of the building. Dead-end corridors are undesirable and in no event shall exceed thirty (30) feet.
2. Exits shall be of such number and so located that the distance of travel from the door of any occupied room to an exit from that

1687 floor shall not exceed one hundred (100) feet. In buildings
 1688 completely protected by a standard automatic sprinkler system, the
 1689 distance may be one hundred fifty (150) feet.

1690 3. Each occupied room shall have at least one (1) door opening
 1691 directly to the outside or to a corridor, stairway, or ramp leading
 1692 directly to the outside.

1693 4. Doors on fire exits shall open to the outside.

1694 5. Building Exits Code, NFPA, No. 101, shall be the governing code
 1695 for exit items which are not covered in the regulations.

1696 142.29 **Mechanical and Electrical Systems** -

1697 1. Mechanical, electrical, plumbing, heating, air-conditioning, and
 1698 water systems installed shall meet the requirements of local codes
 1699 and ordinances as well as the applicable regulation of the
 1700 Department of Health. Where there are no local codes or
 1701 ordinances, the following codes and recommendations shall
 1702 govern:

1703 a. National Electrical Code.

1704 b. National Plumbing Code.

1705 c. American Society of Heating, Refrigerating, and Air-
 1706 Conditioning Engineers, Inc.

1707 d. Recommendations of the American Society of Mechanical
 1708 Engineers.

1709 e. Recommendations of American Gas Association.

1710 f. National Board of fire Underwriters.

1711 2. The heating of institutions for the aged or infirm licensed after
 1712 adoption of these regulations shall be restricted to steam, hot water,
 1713 or warm air systems employing central heating plants or
 1714 Underwriters' Laboratories approved electric heating. The use of
 1715 portable heaters of any kind is prohibited with the following
 1716 exceptions for existing homes:

1717 a. Portable type gas heaters provided they meet all of the
 1718 following:

- 1719 i. A circulating type with a recessed enclosed flame so
- 1720 designed that clothing or other flammable material cannot
- 1721 be ignited.
- 1722 ii. Equipped with a safety pilot light.
- 1723 iii. Properly vented to the outside.
- 1724 iv. Approved by American Gas Association or Underwriters'
- 1725 Laboratories.
- 1726 b. An approved type of electrical heater such as wall insert type.
- 1727 i. Lighting (except for emergency lighting) shall be restricted
- 1728 to electricity. No open flame lighting such as by kerosene
- 1729 lamps, gas lamps, or candles shall be permitted.
- 1730 ii. The Department of Health may require, at its discretion,
- 1731 inspection of mechanical, plumbing, and electrical systems
- 1732 installed prior to effective date of these regulations by
- 1733 building, electrical plumbing officials or other competent
- 1734 authorities, a certification of adequacy and safety presented
- 1735 to the Department of Health.

143 **DISASTER PREPAREDNESS PLAN**

- 1737 143.01 The facility shall maintain a written disaster preparedness plan that
- 1738 includes procedures to be followed in the event of fire, train derailment,
- 1739 explosions, severe weather, and other possible disasters as appropriate
- 1740 for the specific geographic location. The plan shall include:
- 1741 1. Written evidence that the plan has been reviewed and coordinated
- 1742 with the licensing agency's local emergency response coordinator
- 1743 and the local emergency manager;
- 1744 2. Description of the facility's chain of command during emergency
- 1745 management, including 24-hour contact information and the
- 1746 facility's primary mode of emergency communication system;
- 1747 3. Written and signed agreements that describe how essential goods
- 1748 and services, such as water, electricity, fuel for generators, laundry,
- 1749 medications, medical equipment, and supplies, will be provided;
- 1750 4. Shelter or relocation arrangements, including transportation
- 1751 arrangements, in the event of evacuation; and
- 1752 5. Description of recovery, i.e., return of operations following an
- 1753 emergency.

1754 The disaster preparedness plan shall be reviewed with new
1755 employees during orientation and at least annually.

1756 Fire drills shall be conducted quarterly. Disaster drills shall be
1757 conducted at least annually.

1758 143.02 **Nursing Unit** - Medical, nursing, and personal services shall be provided
1759 in a specifically designated area which shall include bedrooms, special
1760 care room(s), nurses' station, utility room toilet and bathing facilities,
1761 linen and storage closets, and wheelchair space.

1762 The maximum nursing unit shall be sixty (60) beds.

1763 143.03 **Bedrooms** -

1764 1. **Location** -

1765 a. All patient bedrooms shall have an outside exposure and shall
1766 not be below grade. Window area shall not be less than one-
1767 eighth (1/8) of the floor area. The window sill shall not be
1768 over thirty-six (36) inches from the floor.

1769 b. Patient bedrooms shall be located so as to minimize the
1770 entrance of unpleasant odors, excessive noise, and other
1771 nuisances.

1772 c. Patient bedrooms shall be directly accessible from the main
1773 corridor of the nursing unit providing that accessibility from
1774 any public space other than the dining room will be
1775 acceptable. In no case shall a patient bedroom be used for
1776 access to another patient bedroom.

1777 d. All patient bedrooms shall be so located that the patient can
1778 travel from his/her bedroom to a living room, day room,
1779 dining room, or toilet or bathing facility without having to go
1780 through another patient bedroom.

1781 2. **Floor Area** - Minimum usable floor area per bed shall be as
1782 follows:

1783 Private room 100 square feet

1784 Multi-bed room 80 square feet

1785 3. **Provisions for Privacy.** Cubicle curtains, screens, or other
1786 suitable provisions for privacy shall be provided in multi-bed
1787 patient bedrooms.

4. **Accommodations for Patients** - The minimum accommodations for each patient shall include:

- a. Bed - The patient shall be provided with either an adjustable bed or a regular single bed, according to needs of the patient, with a good grade mattress at least four (4) inches thick. Beds shall be single except in case of special approval of the licensing agency. Cots and roll away beds are prohibited for patient use. Full and half bedrails shall be available to assist in safe care of patients.
- b. Pillows, linens, and necessary coverings.
- c. Chair.
- d. Bedside cabinet or table.
- e. Storage space for clothing, toilet articles, and personal belongings including rod for clothes hanging.
- f. Means at bedside for signaling attendants.
- g. Bed pan and urinal for patients who need them.
- h. Over-bed tables as required.

5. **Bed Maximum** - Ward rooms in new facilities shall be limited to two (2) beds.

143.04 **Special Care Room** - Each hospice shall have a special care room which shall be a single bedroom with at least a private half bath (lavatory and water closet). There shall be a special care room for each twenty-five (25) beds or major fraction thereof. A special care room may be located anywhere in the building rather than a certain number per station.

143.05 **Nurses' Station** -

- 1. Each inpatient continue care hospice shall have a nurses' station for each nursing unit. The nurses' station shall include as a minimum the following:
 - a. Annunciator board or other equipment for patient's call.
 - b. The minimum areas of the medicine storage/preparation room shall be seventy-five (75) feet.
 - c. Storage space for patients' medical records and nurses' charts.
 - d. Lavatory or sink with disposable towel dispenser.

1821 e. Desk or counter top space adequate for recording and charting
1822 purposes by physicians and nurses.

1823 2. The nurses' station area shall be well lighted.

1824 3. It is recommended that nurses' lounge with toilet be provided for
1825 nursing personnel adjacent to the station. A refrigerator for the
1826 storage of drugs shall be provided at each nurses' station. Drugs
1827 and food for beverages may be stored together only if separate
1828 compartments or containers are provided for the storage of drugs.

1829 143.06 **Utility Room** - Each inpatient continue care hospice shall provide a
1830 separate utility room for soiled and clean patient care equipment, such as
1831 bed pans, urinals, et cetera. The soiled utility room shall contain, as a
1832 minimum, the following equipment:

- 1833 1. Provision for cleaning utensils such as bed pans, urinals, et cetera.
- 1834 2. Utensil sterilizer.
- 1835 3. Lavatory or sink and disposable towel dispenser.

1836 The utility room for clean equipment shall have suitable storage.

1837 143.07 **Toilet and Bathing Facilities** -

- 1838 1. Separate toilet and bathing facilities shall be provided on each
1839 floor for each sex in the following ratios as a minimum.

1840 Bathtubs or showers 1 per 12 beds or fraction thereof

1841 Lavatories 1 per 8 beds or fraction thereof

1842 Toilets 1 per 8 beds or fraction thereof

- 1843 2. As a minimum, showers shall be four (4) feet by four (4) feet
1844 without curbing.

- 1845 3. Handrails shall be provided for all tubs, showers, and commodes.

- 1846 4. A lavatory shall be provided in each patient bedroom or in a toilet
1847 room that is directly accessible from the bedroom.

- 1848 5. A water closet shall be located in a room directly accessible from
1849 each patient bedroom. The minimum area for a room containing
1850 only a water closet shall be three (3) feet by six (6) feet.

143.08 **Other Rooms and Areas** - In addition to the above facilities, each nursing unit shall include the following rooms and areas: linen closet, storage closet, and wheelchair space.

143.09 **Required Rooms and Areas** -

1. **Clean linen storage** - Adequate area shall be provided for storing clean linens which shall be separate from dirty linen storage.
2. **Wheelchair area** - Adequate area shall be provided for storage of wheelchairs.
3. **Dining Room** - The dining area shall be large enough to accommodate needs of the hospice patients/families.
4. **Food Storage** - A food storage room shall be provided convenient to the kitchen in all future licensed homes. It should have cross ventilation. All foods must be stored a minimum of twelve (12) inches above the floor.
5. **Day Room or Living Room** - Adequate day or living room area shall be provided for patients or residents and guests. These areas shall be designated exclusively for this purpose and shall not be used as sleeping area or otherwise. It is recommended that at least two (2) such areas be provided and more in larger homes.
6. **Janitor Closet** - At least one (1) janitor's closet shall be provided for each floor. The closet shall be equipped with a mop sink and be adequate in area to store cleaning supplies and equipment. A separate janitor's closet shall be provided for the food service area.
7. **Garbage** can cleaning and storage area.
8. **General Storage** - A minimum area equal to at least (5) square feet per bed shall be provided for general storage.
9. **Laundry** - If laundry is done in the institution, a laundry room shall be provided. The laundry shall be enclosed by two-hour fire resistive construction. Adequate equipment for the laundry load of the home shall be installed. The sorting, washing, and extracting process should be separated from the folding and ironing area--preferably in separate rooms.
10. **A separate toilet room** (lavatory and water closet) **with lockers** shall be provided for male and female employees.
11. **A separate toilet room** shall be provided for each sex of the public.

PART X CONCLUSION

144 GENERAL

Conditions which have not been covered in the Standards shall be enforced in accordance with the best practices as interpreted by the Licensing Agency. The Licensing Agency reserves the right to:

1. Review the payroll records of each hospice agency for the purpose of verifying staffing patterns;
2. Visit hospice patients in their place of residence in order to evaluate the quality of care provided;
3. Information obtained by the licensing agency through filed reports, inspection, or as otherwise authorized, shall not be disclosed publicly in such manner as to identify individuals or institutions, except in proceedings involving the questions of Licensure.

145 VARIANCES AND WAIVERS

The Department upon application may grant variances or waivers of specific rules and regulations when it has been shown that the rule or regulation is not applicable or to allow experimentation and demonstration of new and innovative approaches to delivery of services.

The Department may exempt classes of facilities from regulation as provided when regulation would not permit the purpose intended or the class of facilities is subject to similar requirements under other rules and regulations.

1908 **CERTIFICATION OF REGULATION**

1909 This is to certify that the above **PUT REGULATION NAME HERE** was adopted by the
1910 Mississippi State Board of Health on Put Date Here to become effective Put
1911 Date Here.

1912 _____
1913 Brian W. Amy, MD, MHA, MPH
1914 Secretary and Executive Officer